

	Claim # L0172018 <ul style="list-style-type: none"> • Your form has been sent to the claims division. • Please PRINT THIS FORM for your records before returning to main screen. 	
STORE TYPE Store/Location number : 3401 Base division number : 01 - WAL-MART ASSOCIATES - US		
STORE/LOCATION INFORMATION Address : 6149 OLD NATIONAL HWY, COLLEGE PARK, GA, 30349 Phone : 770 9949440 Manager : WILLIAM Division charged : Section code :		
CLAIM TYPE Type of Incident : SLIP/FALL/TRIP Claim involving a customer/member that alleges slip, fall, or trip.		
SLIP/FALL INFORMATION Type of floor : — Defects ? No Number of photos taken : 0 Was surface clean ? Yes Description : JUST MOPPED FLOOR Was surface dry ? No Description : JUST MOPPED FLOOR Obstructions ? Yes Description : ORANGE CONES WERE IN PLA If obstruction merchandise-it's UPC# : — Item# : — Substance : — Source of substance : — Amount : — Condition of substance : — Customer wearing glasses ? Yes Carrying bundles/objects ? Yes Pushing cart ? No Shoe type : FLIP FLOPS Weather conditions ? DRY		
INCIDENT GENERAL INFORMATION Date of loss : 9/23/2010 5:10:00 PM Date facility notified of loss : 9/23/2010 Accident State : GA Claim description : CUSTOMER SLIPPED AND FELL TO THE FLOOR Does incident involve BI, PD, or both ? Bodily Injury Was medical treatment sought at time of incident or mentioned by the customer/member ? No Incident Location Information Did incident happen on premises ? Yes Address where injury occurred : 6149 OLD NATIONAL HWY, COLLEGE PARK, GA, 30349 Phone : 770 9949440 Witness Information Name : JONES, SEPHUS Address : —, —, GA, — Phone : 770 9096191 Associate with facts relating to loss		

EXHIBIT

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Information For Claim # 1000172018

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Name : ROGERS, EDDIE L.
Title : SUPPORT MANAGER

Associate first on scene

Name : BODDIE, KALVIN
Title : DAIRY SALES ASSOCIATE

Store Contact Information

Name : STEPHENS, ANGELA
Shift : —

Work Phone : 770 9949440

Preparer

Name : STEPHENS, ANGELA
Title : ASSISTANT STORE MANAGER
Shift : —

CLAIMANT # 1

Name : WILLIAMS, TICORA

Associate ? No

Sex : Female

Address : 6305 TOPAZ TRAIL, COLLEGE PARK, GA, 30349

Home Phone # : 770 9913147

Work Phone # : —

Birthdate : 12/11/1959

Driver's License # : —, —

Did customer continue to shop ? No

Was Claimant a Minor ? No

Type of Injuries/Complaints : PAIN

Was ambulance called ? Yes

Was MD or hospital involved ? No

Companion Information

Did claimant have a companion ? No

Companion Name : ,

Address : —, —, —, —

Phone : —

Medical Provider Information

Medical provider name : —

Address : —, —, —, —

Phone : —